# Compass - Prescription Verification

[Clinical Counseling Pharmacist Hours of Operation](#_Toc152084797)

[Potential Issues](#_Toc152084798)

[Prescription Verification Process](#_Toc152084799)

[Related Documents](#_Toc152084800)

**Description:** The process used when a member calls Customer Care to verify how their mail order prescription was filled. This may include the following prescription details: Medication Name, Medication Strength, Directions, Number of Refills, Plan Member’s Name, Physician’s/Prescribers Name, Quantity/Day Supply, Date Prescription was written, May Sub (DAW) Field, Dosage Form and Language of Counseling Sheets.

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| Clinical Counseling Pharmacist Hours of Operation |

Some situations may require the assistance of a Clinical Counseling Pharmacist. Their operating hours are as follows:

* Monday – Friday: 7 am – 7 pm CT
* Saturday: 7 am – 4:30 pm CT
* Sunday: 9 am – 6pm CT

Contact: **1-866-251-3591**

[Top of the Document](#_top)

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| Potential Issues |

At times, a member may be concerned that their prescription was filled incorrectly or received in the incorrect language. Examples of potential issues are described below and should be handled by following the [Prescription Verification Process](#_Various_Work_Instructions).

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| **Issue** | **Description** |
| Incorrect directions | Member states that the directions are incorrect or not what they thought. |
| Incorrect medication | Member states that the medication they received was not what their physician prescribed.  **Note:** The medication dispensed may differ from the originally prescribed medication if an order has undergone a CCM, DAW or TIP intervention. |
| Incorrect number of refills | Member states that the number of refills indicated on the prescription received is incorrect.  **Note:** Refills may have been reduced by CCM or TIP conversion. |
| Incorrect plan member name | Member states that the member name on medication received is incorrect. |
| Incorrect day supply or quantity | Member did not receive the day supply or quantity they were expecting. |
| Incorrect prescriber name | Member states that the incorrect prescriber’s name is shown on their prescription. |
| Counseling sheets received in incorrect language | Member states received Spanish counseling sheets and needs English, or vice versa. |
| Incorrect strength | Member state the strength they received is incorrect. |

[Top of the Document](#_top)

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| Prescription Verification Process |

Perform the following steps:

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| **Step** | **Action** | |
| **1** | Click the **Order Number** containing theRx Number of the medication in question.  **Result:** The Order Statusscreen displays. | |
| **2** | Confirm the shipping address.   * If address is incorrect, refer to [Compass - Add / Edit / Delete Mailing Address (053255)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=9cfb4422-7129-4bca-b1ea-f1d6fa964906). * If order is to be shipped to an alternate address, indicate in Alerts/Notes. | |
| **3** | Click the Member’s Name to expand or display its Prescription Details. | |
| **4** | Provide the translation information from Compass to the member.   * Prescribed Drug * Quantity/Day Supply   **Note:** A new prescription is not required if denial 76 - Plan limitations exceeded.   * DAW, TIP or CCM intervention information * Review **Alerts/Notes** that describe how the Rx was filled * **Conflicts** related to the prescription | |
| **If…** | **Then…** |
| Prescription Details indicate that an intervention has occurred | Prior to transferring call, determine if plan member requires further assistance.   * [Warm Transfer (Hyperlink to TSRC-PROD-066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) to Clinical Care Services. Refer to [Compass -Intervention Changebacks (062768)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2379cb90-2a49-4be2-a38d-6d66d10365fe). * Ensure Clinical Care Services are within their Hours of Operation. * [Warm Transfer (Hyperlink to TSRC-PROD-066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) when the matter is complicated or escalated. These are not appropriate calls for a cold transfer. * Medicare D beneficiaries should continue to be warm transferred. * Review all client specific processes, if applicable. * If after hours, provide plan member with the toll free number and hours of operation. Refer to [Clinical Care Services – Intervention Changebacks within Phone Numbers (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad). |
| Additional prescription information, such as Number of Refills, Physician’s Name, Date Prescription was Written, May Sub (DAW) Field are needed | Click the **Rx number** hyperlink to navigate to the Prescription Details screen.   * If the information viewed does not resolve the member’s inquiry or they are dissatisfied with the information provided and insist on verifying the prescription image, [Warm Transfer (Hyperlink to TSRC-PROD-066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) the call to a [Clinical Counseling Pharmacist (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad). Provide the pharmacist with the details of the member’s inquiry. |
| If the member is questioning the following items (potential Class 1 errors),   * Medication Name * Medication Strength * Directions * Plan Member's Name * Dosage Form * Medications Appearance (Mixed/Incorrect Medication Dispensed) | * Ensure Clinical Care Services are within their [Hours of Operation](#_Clinical_Counseling_Pharmacist). * [Warm Transfer (Hyperlink to TSRC-PROD-066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) the call to a [Clinical Counseling Pharmacist (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad). * [Warm Transfer (Hyperlink to TSRC-PROD-066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) MED D beneficiaries or when the matter is complicated or escalated. These are not appropriate calls for a cold transfer. * Review client specific processes, if applicable. |
| If after hours, and plan member has a question on a prescription such as:   * Medication Name * Medication Strength * Medications Appearance | Refer to [Compass - Clinical Counseling Pharmacist after Hours Process (057978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=73b19224-7602-4182-b37b-5111baceb889) when the member is requesting verification of their prescription and the Clinical Care Counseling line is closed. |

[Top of the Document](#_top)

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| Related Documents |

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

**Parent Document:** [CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

[Top of the Document](#_top)

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